

Neil W. Kelleher Co-Chair

Helena Moses Donohue Commissioner

Peter S. Kosinski Co-Executive Director

State of New York STATE BOARD OF ELECTIONS

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Douglas A. Kellner Co-Chair

Evelyn J. Aquila Commissioner

Stanley L. Zalen Co-Executive Director

May 16, 2007

State HAVA Funding Reports U.S. Election Assistance Commission 1225 New York Avenue, NW Suite 1100 Washington, D.C. 20005

Dear Sir/Madam:

The New York State Board of Elections is submitting Standard Form 269 for the Title II funds for New York State for the period covering October 1, 2005 through September 30, 2006. As you will remember we have requested information on the 5% match.

As we stated in an email in March of 2007, the Office of General Services fiscal management system does not lend itself to processing payments with multiple lines and multiples years. To accomplish the split coding, the Office of General Services decided to make the initial payment 100% to the federal funds, in the first instance and process a journal voucher after the fact reimbursing federal funds and charging the 5% to the state funds. Therefore, the transaction to show the 5% match was not processed until October 5, 2006.

At this time we will submit Standard Form 269 showing the 5% match. Please let me know if you have any questions.

Sincerely,

Patricia L. Tracey

Administrative Officer

Patricia & Eracey

Enc.

ORIGINAL

FINANCIAL STATUS REPORT

(Long Form)

(Follow instructions on the back)

Federal Agency and Organizational Element to Which Report is Submitted	Federal Grant or Other By Federal Agency	Identifying Number Assigne	ed	OMB Approval Page of
Election Assistance Commission		a Vote Act Requirem	ents Payments	No. 0348-0039 1 2
3. Recipient Organization (Name and complete a			100 W 2000 W 200	pagi
New York State Board of Elections, 40	Steuben Street, Albany	y, NY 12207		
Employer Identification Number 146013200	5. Recipient Account Num 290VT	ber or Identifying Number	6. Final Report ☐ Yes ☑ No	7. Basis Cash Accrual
Funding/Grant Period (See instructions) From: (Month, Day, Year)	1	9. Period Covered by t	,	
6/10/2005	To: (Month, Day, Year)	From: (Month, Day, 10/1/2005	Year)	To: (Month, Day, Year) 9/30/2006
10, Transactions;			1	#II
a. Total outlays		Previously Reported 0.00	This Period 150,846.50	Cumulative 150,846.5
b. Refunds, rebates, etc.			100,040.00	
c. Program income used in accordance with t	he deduction allemative			0.0
d. Net outlays (Line a, less the sum of lines b	and c)			0.0
		0.00	150,846.50	150,846.5
Recipient's share of net outlays, consisting of: e. Third party (in-kind) contributions				0.0
f. Other Federal awards authorized to be used	to match this award			0.0
g. Program income used in accordance with the sharing alternative	ne matching or cost			0.0
h. All other recipient outlays not shown on lines	se, for g	7,542.31		7,542.3
i. Total recipient share of net outlays (Sum of I	lines e, f, g and h)	7,542.31	0.00	7,542.3
Fodomi observational des distribution di		7,012.01	0.00	7,042.3
j. Federal share of net outlays (line d less line	"	-7,542.31	150,846.50	143,304.1
k. Total unliquidated obligations				
Recipient's share of unliquidated obligations				
m. Federal share of unliquidated obligations			The second secon	
n. Total Federal share (sum of lines j and m)				143,304.19
o. Total Federal funds authorized for this fundir	ng period			161,770,609.75
p. Unobligated balance of Federal funds (Line	o minus line n)			161,627,305.56
				101,027,303.36
Program income, consisting of: q. Disbursed program income shown on lines of	and/or g above			
 Disbursed program income using the addition 	n alternative			***************************************
s. Undisbursed program income				
, •				
t. Total program income realized (Sum of lines	q, r and s)			0.00
t Total program income realized (Sum of lines a. Type of Rate (Place "X" in	appropriate box)			
t. Total program income realized (Sum of lines	appropriate box)	etermined d. Total Amount	☐ Final	0.00
t. Total program income realized (Sum of lines a. Type of Rate (Place "X" in Type of Rate (Place "X" in Expense b. Rate	appropriate box) nal ☐ Predi c. Base	d. Total Amount	e. F	☐ Fixed ederal Share
t. Total program income realized (Sum of lines a. Type of Rate (Place "X" in 1. Indirect Expense b. Rate 2. Remarks: Attach any explanations deemed n governing legislation.	appropriate box) nal	d. Total Amount irred by Federal sponsoring	e. F	☐ Fixed ederal Share
t. Total program income realized (Sum of lines a. Type of Rate (Place "X" in 1. Indirect Expense b. Rate 2. Remarks: Attach any explanations deemed n governing legislation.	appropriate box) nal	d. Total Amount irred by Federal sponsoring	e. F	☐ Fixed ederal Share
t. Total program income realized (Sum of lines a. Type of Rate (Place "X" in Provision b. Rate 2. Remarks: Attach any explanations deemed n governing legislation. Line 10 o includes interest earned in the 3. Certification: I certify to the best of my know	appropriate box) nal	d. Total Amount ired by Federal sponsoring .59. report is correct and com	e. Fo	Fixed ederal Share with
t. Total program income realized (Sum of lines a. Type of Rate (Place "X" in Provision b. Rate 2. Remarks: Attach any explanations deemed n governing legislation. Line 10 o includes interest earned in the 3. Certification: I certify to the best of my know unliquidated obligations are for	appropriate box) nal	d. Total Amount ired by Federal sponsoring .59. report is correct and com the award documents.	e. For a gency in compliance plete and that all outlands	Fixed ederal Share with
t. Total program income realized (Sum of lines a. Type of Rate (Place "X" in Provision b. Rate 2. Remarks: Attach any explanations deemed n governing legislation. Line 10 o includes interest earned in the 3. Certification: I certify to the best of my know unliquidated obligations are for yped or Printed Name and Title Stanley L. Zalen, Co-Executive Director	appropriate box) nal	d. Total Amount ired by Federal sponsoring .59. report is correct and com the award documents.	e. Fo	☐ Fixed ederal Share with
t. Total program income realized (Sum of lines a. Type of Rate (Place "X" in 1. Indirect Expense b. Rate Provision b. Rate 2. Remarks: Attach any explanations deemed n governing legislation, Line 10 o includes interest earned in the 3. Certification: I certify to the best of my know unliquidated obligations are for the supplementary of t	appropriate box) nal	d. Total Amount ired by Federal sponsoring .59. report is correct and com the award documents.	e. For agency in compliance plete and that all outlast felephone (Area code, note that all outlast felephone)	ederal Share with ys and

Title II Expendirues for period covering October 1, 2005 through September 30, 2006

EXPENSE	COUNTY	VENDOR	FEDERAL FUNDS NYS MATCH TOTAL	NYS MATCH	TOTAL
BALLOT MARKING DEVICE ALLEGANY COUNTY	ALLEGANY COUNTY	POPULEX CORP	\$4,557.15	\$239.85	\$4,797.00
BALLOT MARKING DEVICE CATTARAUGUS COI	CATTARAUGUS COUNTY	AVANTE INTERNATIONAL TECH INC	\$5,161.35	\$271.65	\$5,433.00
BALLOT MARKING DEVICE	CAYUGA COUNTY	POPULEX CORP	\$4,608.93	\$242.57	\$4,851.50
BALLOT MARKING DEVICE	CHEMUNG COUNTY	AVANTE INTERNATIONAL TECH INC	\$4,876.35	\$256.65	\$5,133.00
BALLOT MARKING DEVICE	FRANKLIN COUNTY	AVANTE INTERNATIONAL TECH INC	\$5,720.90	\$301.10	\$6,022.00
BALLOT MARKING DEVICE	LIVINGSTON COUNTY	POPULEX CORP	\$4,665.45	\$245.55	\$4,911.00
BALLOT MARKING DEVICE MONROE COUNTY	MONROE COUNTY	POPULEX CORP	\$6,500.38	\$342,12	\$6,842.50
BALLOT MARKING DEVICE MONGTOMERY COUNTY	MONGTOMERY COUNTY	POPULEX CORP	\$6,105.65	\$321.35	\$6,427.00
BALLOT MARKING DEVICE NIAGARA COUNTY	NIAGARA COUNTY	AVANTE INTERNATIONAL TECH INC	\$8,296.35	\$436.65	\$8,733.00
BALLOT MARKING DEVICE	ONONDAGA COUNTY	AVANTE INTERNATIONAL TECH INC	\$4,878.25	\$256.75	\$5,135.00
BALLOT MARKING DEVICE ORLEANS COUNTY	ORLEANS COUNTY	POPULEX CORP	\$4,549.55	\$239.45	\$4,789.00
BALLOT MARKING DEVICE	OSWEGO COUNTY	POPULEX CORP	\$19,593.75	\$1,031.25	\$20,625.00
BALLOT MARKING DEVICE	RENSSELAER COUNTY	POPULEX CORP	\$6,286.15	\$330.85	\$6,617.00
BALLOT MARKING DEVICE	ROCKLAND COUNTY	AVANTE INTERNATIONAL TECH INC	\$32,680.00	\$1,720.00	\$34,400.00
BALLOT MARKING DEVICE	ST. LAWRENCE COUNTY	AVANTE INTERNATIONAL TECH INC	\$6,271.90	\$330.10	\$6,602.00
BALLOT MARKING DEVICE	SCHOHARIE COUNTY	POPULEX CORP	\$6,498.00	\$342.00	\$6,840.00
BALLOT MARKING DEVICE ULSTER COUNTY	ULSTER COUNTY	POPULEX CORP	\$7,575.30	\$398.70	\$7,974.00
BALLOT MARKING DEVICE WYOMING COUNTY	WYOMING COUNTY	POPULEX CORP	\$4,478.78	\$235.72	\$4,714.50

TOTAL

\$143,304.19 \$7,542.31 \$150,846.50

The OGS FMS not will not process payments with multiple lines years. To accomplish the split OGS decided to make 100% from federal funds then process a journal voucher afterwards reimbursing the federal funds and charges 5% to state funds.